Administration of Psychotropic Medication

718.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines under which an inmate may be involuntarily administered psychotropic medications during a mental health emergency, to protect the safety of the inmate and others.

718.1.1 DEFINITIONS

Definitions related to this policy include:

Mental health emergency - Any emergency situation that requires an immediate response to an individual in psychiatric crisis, for the preservation of life or the prevention of serious bodily harm to the inmate, staff or others. It is not necessary for harm to take place or to become unavoidable prior to involuntary treatment being imposed.

Psychotropic medication - Any medication prescribed for the treatment of symptoms of psychoses and other mental and emotional disorders.

718.2 POLICY

It is the policy of this office that an inmate may be involuntarily given psychotropic medication on an emergency basis only when the inmate is found by a healthcare professional to be a danger to him/herself or others by reason of mental disorders.

718.3 MEDICATION IN AN EMERGENCY

Psychotropic medication shall not be administered to an inmate absent an emergency unless the inmate has given his/her informed consent or administration has been authorized under a court order (RCW 10.77.065).

Involuntary emergency administration of psychotropic medication shall occur only under the following conditions:

- The inmate has been afforded interventions, beginning with the least restrictive options, as approved by the healthcare professional or psychiatrist.
- The administration and duration are authorized by a healthcare professional.
- A healthcare professional specifies the conditions under which the medication is to be administered.

The details of each condition must be documented in the inmate’s medical record.

This policy limits the number of times that involuntary psychotropic medication may be administered to one dose only during the mental health emergency, as defined by a qualified health care professional. If the emergency is not resolved, the inmate shall be transferred from the jail to an appropriate facility that is designed to treat mental health emergencies.

Psychotropic medication shall not be administered for disciplinary reasons.

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718.3.1 PROCEDURES

When it has been determined that an inmate's behavior might lead to death or injury to the inmate or others and that a mental health emergency is imminent, the following procedures shall be followed:

- The inmate shall be subdued by custody personnel using tactics that provide the safest resolution for the inmate and the involved staff given the circumstances.
- The qualified health care professional shall evaluate the inmate for any injuries and mental status. If there are no qualified health care professional available, the inmate shall be transported to an appropriate facility that is designed to treat mental health emergencies as soon as reasonably practicable.
- The contract medical provider shall be contacted for direction.
- If psychotropic medication is authorized by the contract medical provider, the qualified health care professional will first attempt to gain inmate consent.
- If consent is not obtained, the medication shall be involuntarily administered in the safest manner possible.
- The inmate will be monitored for any adverse reactions and side effects twice every hour by custody personnel.
- A qualified health care professional shall check the inmate at 30-minute intervals for the first two hours.
- The inmate shall be evaluated by the healthcare professional within 24 hours to determine continued treatment planning.
- If the emergency is not resolved with a single dose of medication, or if the inmate does not continue treatment on a voluntary basis, consideration should be given to the prompt transfer of the inmate to an appropriate facility that is designed to treat mental health emergencies.
- All clinical interaction with the inmate shall be fully documented in the inmate's medical record and shall include the date and time of treatment and the signature of the qualified health care professional.

718.3.2 POST ADMINISTRATION CARE

Less restrictive treatment alternatives should be developed as soon as reasonably practicable.

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